

2208

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		ORIGINAL CERTIFICATE OF BIRTH	
County of <u>Gila</u>	State Index No. <u>264</u>	Co. Register No. <u>677</u>	
District of <u>Phoenix</u>	Local Registrar's No. _____		
Town of <u>Phoenix</u>	(No. _____ St. _____ Ward _____)		
City of _____			
FULL NAME OF CHILD <u>Mary Beatrice Watson</u>		Born	Yes
If child is not named, make Supplemental Report on blank obtainable from local Registrar.		Alive	<input checked="" type="checkbox"/>
Sex of Child <u>H</u>	Twin, Triplet or other <u>1</u>	and	Number in order of birth <u>3</u>
Legitimate? <u>Y</u>	Date of Birth <u>Oct 22</u> 192 <u>0</u>	(Month) (Day) (Yr.)	
FATHER		MOTHER	
Full Name <u>Henry L. Watson</u>	Full Maiden Name <u>Mandy Calline Johnson</u>		
Residence <u>Miami</u>	Residence <u>Miami</u>		
Color or Race <u>White</u>	Age at last Birthday <u>33</u> (Years)	Color or Race <u>White</u>	Age at last Birthday <u>32</u> (Years)
Birthplace <u>Alabama</u>	Birthplace <u>Alabama</u>		
Occupation <u>Laborer</u>	Occupation <u>N</u>		
Number of child of this mother <u>3</u>	Number of children, of this mother, now living <u>3</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of the above child; and that it occurred on <u>Oct 22</u> 192 <u>0</u> , at <u>109</u> M.			
{ *When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Charles E. Smith M.D.</u>	(Attending physician, midwife, householder*)
Given or Christian name added from a supplemental report _____ 192 <u>0</u>		Address <u>Miami Arizona</u>	
2165-1022-415 COUNTY REGISTRAR.		J. H. Slaughter LOCAL REGISTRAR.	
Filed <u>11/30/1920</u>		A True Copy Filed <u>12/8</u> 192 <u>0</u> B. W. J. COUNTY REGISTRAR.	